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Subject: PubMed Central - summary of discussion.
Date: Wed, 28 Jul 1999 08:16:25 -0400
MIME-Version: 1.0

Dear Harold,

I have enjoyed very much spending time with you in London, and our discussions on your central research repository initiative. I very much look forward to be an active participant in this important and exciting endeavour.

This is a short summary of our discussion in London. It is important to me to be sure that I have your approval and support in the tasks we will be setting ourselves in starting BioMed Central, as well as making sure I understand correctly the main tasks of PubMed Central. Please let me know if this is so, and if the summary below is a fair representation of our discussion. Once I hear from you to that effect, I will start establishing the new BioMed Central unit.

With best regards, -Vitek

Summary of discussion (Harold / Vitek 27-July-99) on PubMed Central and BioMed Central:

1. Name - PubMed Central

I hope I did persuade you to use the name PubMed Central. There is no question that this will give the best possible start to the central repository.

2. Basic rules of central repository:

Acceptance from groups, which groups and how to decide, committee

Depositions into the central repository will be accepted only from groups that have been cleared to be allowed to deposit. My suggestion is that the list of the groups should include:

- a) all journals currently listed in any of the major listings (Medline, Embase, Current Contents, etc);
- b) a supplementary list, if necessary, provided by the major founding organisations (EMBO etc.);
- c) new groups will be accepted if they include a minimum number (3?) of grantees from a list of the major granting agencies (NIH, EMBO, MRC etc).

A committee that will be set up to supervise the working of PubMed Central will be responsible for dealing with the removal of groups (if any) that are problematic. The committee should not have vetting responsibilities, at least not in the early stages of

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development. The committee must not have the powers in the early stages to slow the starting stages of the project.

Archival security

The central repository (PubMed Central) will take responsibility and provide the methodology for securing long term archiving of all data deposited there, including some form of physical archiving if necessary.

Visibility, relationship with PubMed

The close relationship with PubMed is the best way to get high visibility for the depositions in PubMed Central. It is also essential that all journals (and depositories from new groups) are listed as an integral part of PubMed (the citation, abstract etc as in PubMed). In addition it would be beneficial for PubMed to list the contents of any journal listed in any of the major listings.

Complete documents and free access to individuals through the web

The two cardinal rules for depositions in PubMed Central should be:

- a) the deposition is the complete record, and
- b) the access will remain permanently free to all individuals through PubMed Central.

Paper distribution and multiple distribution whether electronically or on paper, as well as availability outside PubMed Central, can be charged for.

Identification of source and ownership

The identification of the source (journal) will be clearly visible on the PubMed Central entries. Publishers will be able to include in their depositions links to their sites, etc. PubMed Central should make efforts to try to differentiate clearly between different publications, for example by allowing stylistic differences when practical.

3. BioMed Central

Pre-print and peer-reviewed depositories combined

The Current Science Group will start a new commercial imprint, BioMed Central, which will offer to publish primary research findings in all areas of biology and medicine as relevant to PubMed Central. Both pre-print and peer-review depositories will be operated. All primary content of BioMed Central will be immediately deposited in full in PubMed Central.

Methodology of peer review (to be further developed)

The peer-review process will be based on using a list of reviewers which will contain the list of all the grantees of the major granting agencies (we would need help from you to obtain these lists). The reviewers will be profiled (using software) based on their entries in PubMed and submissions will be analysed and assigned to reviewers using software. A scheme then will be developed that will continue the process using software to simplify the process and make it cost effective, though some supervision of the process will be done by in-house professionals and scientific advisers. The purpose of the review would be to decide if the submitted work has been properly performed (and not how important the findings are). The bias would be towards acceptance.

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Division into subjects

BioMed Central holdings will be divided into major subject areas, and further subdivided as appropriate. The subject areas will not have the traditional Editor/Editorial Board structure, but a supervisory advisory board will be created to help with a range of decisions.

Magazine for all reviewers

A "controlled-circulation" free newsletter/magazine in print is proposed to promote and explain the many issues behind PubMed Central and BioMed Central. This will be circulated (perhaps monthly) to the list of all reviewers (grantees of the major granting agencies).

Relationship with PubMed Central

All of the data on BioMed Central will available on PubMed Central. In fact the major reason for starting BioMed Central is to provide a mechanism for primary research reports in any area of biology and medicine to be placed on PubMed Central without having to go through the existing journals. The symbiotic relationship with PubMed Central should be acknowledged by the prominent presence of BioMed Central on the PubMed Central site and the other way around.

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Centers of Excellence

BioMed Central will operate virtual journals called (possibly) "Centers of Excellence" in life sciences and clinical medicine. We expect that we will initially operate two such centers, one in life sciences and one in clinical medicine, with additional ones in major specialties of these areas starting later. We would hope to get help, advice and recommendations from you in recruiting major scientists to help us with this task. The Centers of Excellence will both invite submission of papers of major importance to be published within them, after a stringent peer-review the selection process, and will provide a systematic selection of the most important papers from all sources (including other major journals such Nature, Cell, NEJM etc). Each of the selected papers will get a short write-up giving the main findings

of the papers and the reason for selecting it as a paper to be included in the Center of Excellence collection. The objective would be to provide an efficient, reliable and comprehensive selection of the best papers in all of life sciences and clinical medicine in one place, and to provide a place to publish major papers which will appear immediately in PubMed Central.

Other journals from the Current Science Group

In addition to all the activities in BioMed Central, all journals published by the Current Science Group are committed to place all primary research reports in PubMed Central.

4. BioMed Central and NIH

Open support of the initiative

To succeed with BioMed Central we will need to have open support and help from PubMed Central and from the NIH. While there should be nothing exclusive about such support (any other group wishing to start publishing which will be supportive of the central repository initiative should be openly encouraged and supported), the ability of BioMed Central to seem to be supported by the NIH in its effort to attract primary research papers will make a big difference in the confidence of authors when submitting papers.

NIH institutes as Centers of Excellence

In developing the Centers of Excellence publishing concept, participation of the NIH institutes may be of great help. Any advice and support in our efforts to attract the institutes to this task will be of great help.

Software developments

We will need to ensure that our efforts in BioMed Central are technically compatible with PubMed Central. To that end it would be important to collaborate closely with the software developments within NCBI.